

No Stone Unturned... Preparing for PPACA Coverage Expansions

***Virginia Health Reform Initiative Advisory Council
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Virginia Health Care Foundation Mission

Increase access to primary health care
for uninsured and medically
underserved Virginians



Project Connect: FAMIS Outreach & Enrollment Since 1999

- Fund and place trained Outreach Workers in areas with highest numbers of eligible uninsured children.
 - ♦ Identify and inform parents
 - ♦ Help complete applications and gather documentation
 - ♦ Track applications through enrollment
 - ♦ Educate re: purpose and utilization of benefits
 - ♦ Teach about renewal process and alert when renewal is near

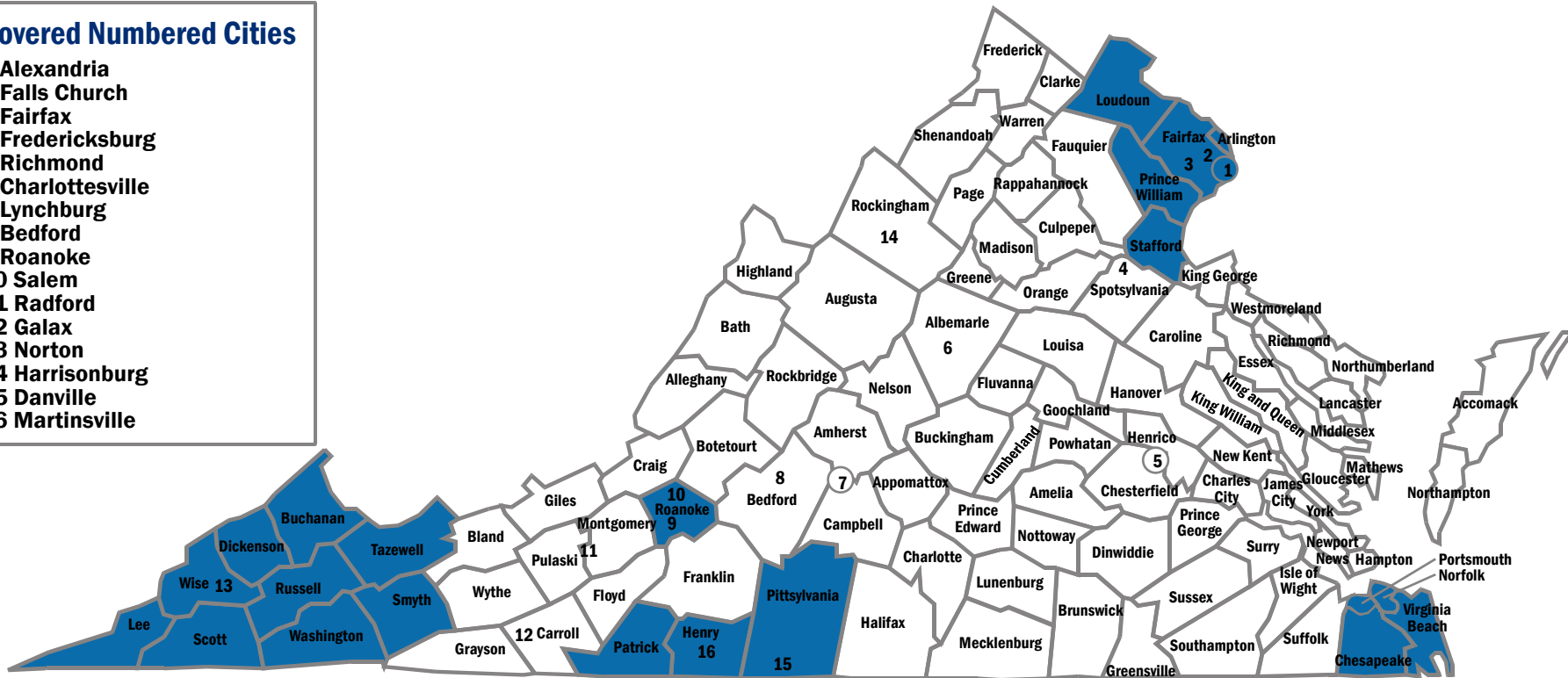
Total Enrolled: 62,694



Current *Project Connect* Sites (16.5 Outreach Workers)

Covered Numbered Cities

- 1 Alexandria
- 2 Falls Church
- 3 Fairfax
- 4 Fredericksburg
- 5 Richmond
- 6 Charlottesville
- 7 Lynchburg
- 8 Bedford
- 9 Roanoke
- 10 Salem
- 11 Radford
- 12 Galax
- 13 Norton
- 14 Harrisonburg
- 15 Danville
- 16 Martinsville



Alexandria Neighborhood Health Services, Inc.
Cumberland Plateau Health District
Inova Partnership for Healthier Kids
Martinsville Henry County Coalition for Health and Wellness

Pittsylvania County Community Action, Inc.
Radford University FAMIS Outreach Project
Stafford County Head Start/Dept. of Social Services
The STOP Organization

Additional Roles of *Project Connect* Outreach Workers

- “Eyes and ears” of DMAS in field
- Test new DMAS and DSS systems
- Pilot new DMAS outreach strategies
- Collaborate with DMAS on key outreach activities
- Partner with MCOs for local enrollment activities
- Liaison during transition from FFS to managed care
- Stimulate local organizations/agencies to incorporate outreach, application, and retention assistance into routine activities



Additional Roles of VHCF

- FAMIS Enrollment and Tracking Database
- Technical Assistance
 - ♦ Quarterly outreach meeting for Outreach Workers (*with DMAS and DSS*)
 - ♦ *In the Loop* list serve for Outreach Workers
- Liaison with DMAS and DSS
- Maintain accountability of grantees





- Training and technical assistance for those engaging in local outreach and application assistance work (*DSS eligibility workers, school nurses, family services workers, MCO outreach workers*)
 - ♦ Eligibility rules
 - ♦ Application processes
 - ♦ Benefits
 - ♦ Renewal Information
 - ♦ Outreach strategies
 - ♦ Available in person or via online modules

Total Trained: 8,400+



SignUpNow: Additional Components

- SUN Tool Kits (*comprehensive eligibility info and materials*)
- Quarterly newsletters
- Best practice guide
- Direct assistance with difficult cases



VHCF Involvement in FAMIS Policy Development

- Statutorily designated representation on Virginia Child Health Insurance Program Advisory Council
- Membership on Steering Committee and several subcommittees of DMAS MaxEnroll initiative
- Lead organization for Robert Wood Johnson Foundation's *Covering Kids & Families* grant to Virginia (2002 – 2006)



Required Navigator Duties

***Project
Connect/SUN***

- Maintain expertise in eligibility and enrollment
- Conduct public education activities to raise awareness about the Exchange
- Facilitate QHP selection
- Provide referrals for those with a grievance or complaints to consumer assistance programs
- Provide fair, accurate and impartial information
- Provide information in a culturally and linguistically appropriate manner
- Ensure accessibility for people with disabilities



Immediate Outreach Opportunities from VHCF Programs

- VHCF has immediate access to 73,600 uninsured Virginians served by VHCF grants
 - ♦ 43,000 from Prescription Assistance Programs
 - ♦ 23,000 health safety net patients
 - ♦ Parents of Medicaid/FAMIS children (7,600 in FY11)
- VHCF is directly connected to all 193,000 uninsured patients of free clinics, community health centers and other health care safety net organizations (*65-75% are estimated to be eligible for Medicaid expansion*).



Lessons Learned

- Training for Outreach Workers is essential.
- Mechanisms for sharing new regulations/rules must exist.
- Simplification and clarity in teaching and messaging is helpful.
- Effective outreach and education techniques vary with the audience and community.
- Teaching and reminding clients about renewal saves time and money.
- Goals and tracking of client interactions result in accountability.



Lessons Learned

- While technology provides ease and efficiency for many, a lot of low income Virginians have low literacy skills and very limited or no access to technology.
- There is a lot of “churning” in eligibility in the 100-200% FPL population.
- Outreach and application assistance don’t just happen. They require resources.
- There is typically a period of “goodwill” when a new program is offered.



Recommendations

- *Project Connect* and *SignUpNow* are proven approaches that would serve as effective models for the Navigator Program.
- It may be worthwhile to develop an approach which refers individuals with higher incomes to agents.
- Outreach activities and messaging for the Medicaid expansion and Qualified Health Plans within the Exchange should be coordinated and well planned to be most effective and to maximize leveraging of resources.



For more information visit
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